Optional Automatic Payroll Deduction

_____ authorizes_____ **to**

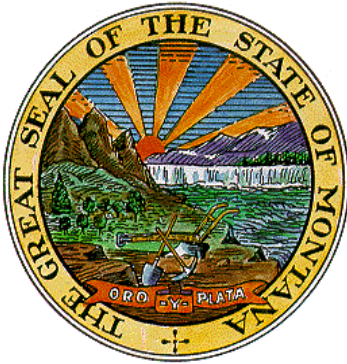(Employee Name)   (Employer Name)

Withhold $_____from his/her paycheck:

Weekly ☐   **Bi-weekly ☐**   **Monthly ☐**

(check one)

Any amounts withheld will be mailed to:

MONTANA DEPARTMENT OF CORRECTIONS

YOUTH SERVICES DIVISION/ FISCAL

P.O. BOX 201301

HELENA, MT 59620-1301

Dated this _____day of _____, _____.

_____

(Employee Signature)

TO EMPLOYER: When remitting payments, please include the employee's name, child name, and DOC Account ID #:

Child's Name: Click here to enter text.   **CAPS #:**   Click here to enter text.

Parent's Name: Click here to enter text.   **PARENT#:**   Click here to enter text.